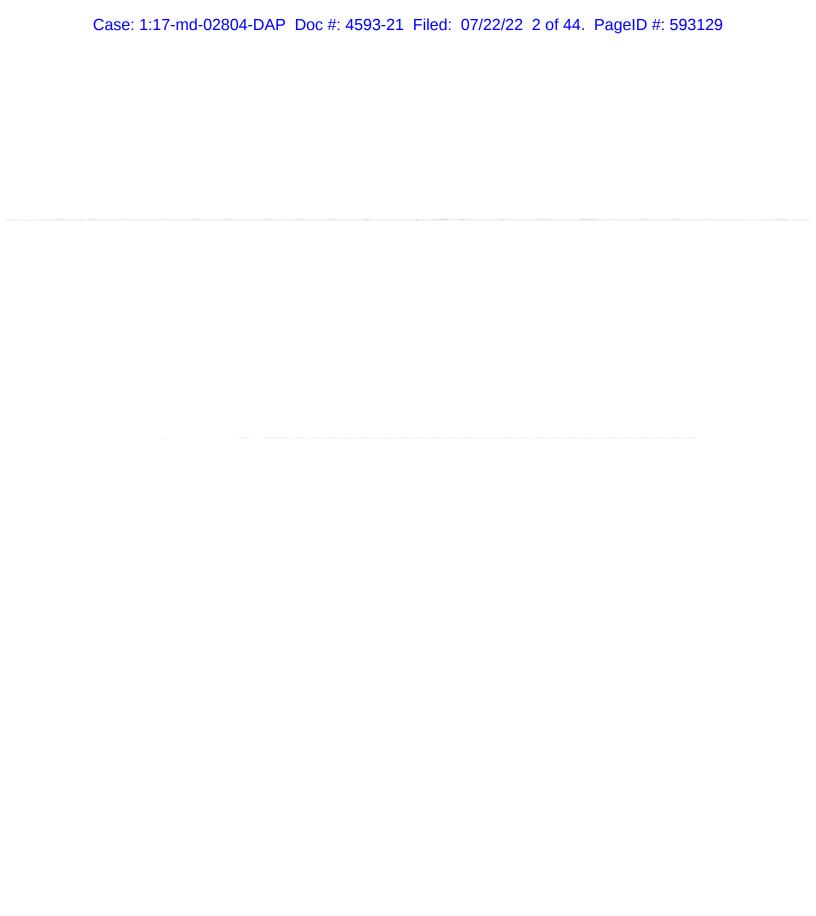
DEF-MDL-14405

Lake County Provider Agency Quality Improvement and Utilization Review Covering FY 19 and 20

Agency Name	ne Signature Health, Inc.	
Location	38882 Mentor Ave. Willoughby, OH 44094	
Date Services Commenced	1993	
Mission Statement	Signature Health puts good health within reach of all of our community members through comprehensive mental health, medical, and support services essential for optimizing the well-being of mind and body.	
Licenses/Certifications/Dates	OMHAS 04/2019, CARF 8/2018, Ohio Pharmacy Board 2019, HRSA 2020	
Target Population	Adults, Children, Adolescents	
Total Budget	\$22,447,473	
Total # of Staff	320	
Total # of Staff Providing Direct Service	218	
Credentials/Salary ranges for Direct Service Staff	MD/DO \$185,000-\$230,000// NP/FNP \$105,000-\$118,000// LPN \$37,400-\$43,680// RN \$58,240-\$64,480// PCC/LISW \$67,000-\$70,000// PC/LSW \$57,000-60,000// CPST/QMHS \$33280-\$37,275// CT \$24,960-\$29,120// Sexual & Reproductive Health Education Manager \$35,000-\$58,000	



		Provide the Following Information:	
	FY2019	FY2020	
Name of Service	MH Assessment	MH Assessment	
Total # of Staff Providing Direct Service	13	15	
Average % of Direct Service Time	100%	100%	
Total # of Consumers Served (Annual)	3358 (80 with ADAMHS funding)	3291 (72 with ADAMHS Board funding)	
Hours of Programming	Mon-Thurs 8AM-9PM Fri 8AM-5PM	Mon-Thurs 8AM-9PM Fri 8AM-5PM	
Average Duration of Consumer Involvement in Service	1	1	
% of Recidivism/Reasons for Recidivism	N/A	N/A	
% of Consumers who Successfully Complete/Attain Goals	N/A	N/A	

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Outcome Goals for Program	Appropriate Assessment and Referral to MH Programs	Appropriate Assessment and Referral to MH Programs	
Average Duration of Waiting List	No Wait	No Wait	
For Emergency Services, Average Response Time	N/A	N/A	
Are These Within Contract Specifications for Time Fame?	N/A	N/A	
Total Program Budget	\$753,451	\$98,013	
% of Budget Received From ADAMHS Board	0.01%	8.5%	

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	FY2019	FY2020
Name of Service	MH Psychotherapy Individual	MH Psychotherapy Individual
Total # of Staff Providing Direct Service	61	63
Average % of Direct Service Time	.5652	.5652
Total # of Consumers Served (Annual)	3923 (640 with ADAMHS funding)	4023 (684 with ADAMHS funding)
Hours of Programming	Mon-Thurs 8AM-9PM Fri 8AM-5PM	Mon-Thurs 8AM-9PM Fri 8AM-5PM
Average Duration of 38 sessions Consumer Involvement in Service		37 sessions
% of Recidivism/Reasons for Recidivism	7%	4%

% of Consumers who Successfully Complete/Attain Goals	60%	62%
Outcome Goals for Program	Improved quality of life for patients	Improved quality of life for patients
Average Duration of Waiting List	7-9 days	6-7 days
For Emergency Services, Average Response Time	N/A	N/A
Are These Within Contract Specifications for Time Fame?	N/A	N/A
Total Program Budget	\$7,145,638	\$7,439,417
% of Budget Received From ADAMHS Board	1.5%	1.2%

	FY2019	FY2020
Name of Service	MH CPST	MH CPST
Total # of Staff Providing Direct Service	62	73
Average % of Direct Service Time	.5456	.5456
Total # of Consumers Served (Annual)	5746 (810 with ADAMHS funding)	5920 (829 with ADAMHS funding)
Hours of Programming	Mon-Thurs 8AM-9PM Fri 8AM-5PM	Mon-Thurs 8AM-9PM Fri 8AM-5PM
Average Duration of Consumer Involvement in Service	72 services	87 services
% of Recidivism/Reasons for Recidivism	N/A	N/A
% of Consumers who Successfully Complete/Attain Goals	54%	55%

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Outcome Goals for Program	Enhance/Increase patients self-sufficiency	Enhance/Increase patients self-sufficiency	
Average Duration of Waiting List	6 days	5 days	
For Emergency Services, Average Response Time		N/A	
Are These Within Contract Specifications for Time Fame?		N/A	
Total Program Budget	\$5,481,532	\$16,954,790	
% of Budget Received From ADAMHS Board	1.3%	0.2%	

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	FY2019	FY2020	
Name of Service	SUD Assessment	SUD Assessment	
Total # of Staff Providing Direct Service	1	1	
Average % of Direct Service Time	100%	100%	
Total # of Consumers Served (Annual)	975 (10 with ADAMHS funding)	1014 (20 with ADAMHS funding)	
Hours of Programming	Mon-Thurs 8AM-9PM Fri 8AM-5PM	Mon-Thurs 8AM-9PM Fri 8AM-5PM	
Average Duration of Consumer Involvement in Service	1 unit	1 unit	
% of Recidivism/Reasons for Recidivism	N/A	N/A	
% of Consumers who Successfully Complete/Attain Goals	N/A	N/A	

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To evaluate for SUD and refer to treatment coordinator if warranted	To evaluate for SUD and refer to treatment coordinator if warranted No wait	
No wait		
N/A	N/A	
N/A	N/A	
\$5,750,059	\$18,342	
0.02%	18.2%	
	coordinator if warranted No wait N/A N/A \$5,750,059	

***************************************	FY2019	FY2020
Name of Service	SUD Ambulatory Detox	SUD Ambulatory Detox
Total # of Staff Providing Direct Service	2	7
Average % of Direct Service Time	0.50-1.0	0.50-1.0
otal # of Consumers Served (Annual)	163	201
Hours of Programming	Mon-Thurs 8AM-9PM Fri 8AM-5PM	Mon-Thurs 8AM-9PM Fri 8AM-5PM
Average Duration of Consumer Involvement in Service	2 Units	2 Units
6 of Recidivism/Reasons for Recidivism	50%	38%
% of Consumers who uccessfully Complete/Attain Goals	50%	72%

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Outcome Goals for Program	Manage Detox for successful induction into MAT treatment	Manage Detox for successful induction into MAT treatment
Average Duration of Waiting List	No wait	No wait
For Emergency Services, Average Response Time	N/A	N/A
Are These Within Contract Specifications for Time Fame?	N/A	N/A
Total Program Budget	\$5,750,000	\$8,504,213
% of Budget Received From ADAMHS Board	0.2%	0.02%

For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information:				
	FY2019	FY2020		
Name of Service	SUD Individual Counseling	SUD Individual Counseling		
Total # of Staff Providing Direct Service	15	13		
Average % of Direct Service Time	.5652%	.5652%		
Total # of Consumers Served (Annual)	704 (20 with ADAMHS funding)	656 (95 with ADAMHS funding)		
Hours of Programming	Mon-Thurs 8AM-9PM Fri 8AM-5PM	Mon-Thurs 8AM-9PM Fri 8AM-5PM		
Average Duration of Consumer Involvement in Service	26 units	19 units		
% of Recidivism/Reasons for Recidivism	26%	24%		
% of Consumers who Successfully Complete/Attain Goals	49%	47%		

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Outcome Goals for Program	Goal-directed therapy in support of recovery treatment plan	Goal-directed therapy in support of recovery treatment plan	
Average Duration of Waiting List	8 days	6 days	
For Emergency Services, Average Response Time	N/A	N/A	
Are These Within Contract Specifications for Time Fame?	N/A	N/A	
Total Program Budget	\$5,750,059	\$1,009,602	
% of Budget Received From ADAMHS Board	0.05%	1.5%	

For Each Progran	n Receiving ADAMHS	Board Funding, Plea	se Provide the Foll	owing Information:

	FY2019	FY2020
Name of Service	SUD Group Counseling	SUD Group Counseling
Total # of Staff Providing Direct Service	3	3
Average % of Direct Service Time	100%	100%
Total # of Consumers Served (Annual)	365 (120 with ADAMHS funding)	170 (85 with ADAMHS funding)
Hours of Programming	Mon-Thurs 8AM-9PM Fri 8AM-5PM	Mon-Thurs 8AM-9PM Fri 8AM-5PM
Average Duration of Consumer Involvement in Service	20 units (varies widely depending on type and focus of group)	16 units (varies widely depending on type and focus of group)
% of Recidivism/Reasons for Recidivism	30%	35%
% of Consumers who Successfully Complete/Attain Goals	58%	53%

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Outcome Goals for Program	Socialization and coping skills-focused group therapy in support of recovery	Socialization and coping skills-focused group therapy in support of recovery
Average Duration of Waiting List	Ave. <7 days	Ave. < 7 days
For Emergency Services, Average Response Time	N/A	N/A
Are These Within Contract Specifications for Time Fame?	N/A	N/A
Total Program Budget	\$5,750,059	\$915,729
% of Budget Received From ADAMHS Board	0.01%	0.6%

For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information:				
	FY2019	FY2020		
Name of Service	SUD Intensive Outpatient (IOP)	SUD Intensive Outpatient (IOP)		
Total # of Staff Providing Direct Service	31	24		
Average % of Direct Service Time	100%	100%		
Total # of Consumers Served (Annual)	470 (35 with ADAMHS funding)	438 (48 with ADAMHS funding)		
Hours of Programming	Mon-Thurs 8AM-9PM Fri 8AM-5PM	Mon-Thurs 8AM-9PM Fri 8AM-5PM		
Average Duration of Consumer Involvement in Service	36	36		
% of Recidivism/Reasons for Recidivism	22%	31%		
% of Consumers who Successfully Complete/Attain Goals	45%	45%		

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Outcome Goals for Program	Achieving and maintaining sobriety	Achieving and maintaining sobriety
Average Duration of Waiting List	7 days (unless in ambulatory detox program- no wait)	No Wait
For Emergency Services, Average Response Time	N/A	N/A
Are These Within Contract Specifications for Time Fame?	N/A	N/A
Total Program Budget	\$5,750,059	\$8,504,213
% of Budget Received From ADAMHS Board	0.44%	0.9%

For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information	m:
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	FY2019	FY2020
Name of Service	SUD Case Management	SUD Case Management
Total # of Staff Providing Direct Service	8	6
Average % of Direct Service Time	.5456	.5456
Total # of Consumers Served (Annual)	1058 (50 with ADAMHS funding)	1088 (90 with ADAMHS funding)
Hours of Programming	Mon-Thurs 8AM-9PM Fri 8AM-5PM	Mon-Thurs 8AM-9PM Fri 8AM-5PM
Average Duration of Consumer Involvement in Service	62 services	58 services
% of Recidivism/Reasons for Recidivism	24%	27%
% of Consumers who Successfully Complete/Attain Goals	45%	52%

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Outcome Goals for Program	Provide support services enabling recovery	Provide support services enabling recovery
Average Duration of Waiting List	6 days (unless in ambulatory detox program- no wait)	5 days (unless in ambulatory detox program- no wait)
For Emergency Services, Average Response Time	N/A	N/A
Are These Within Contract Specifications for Time Fame?	N/A	N/A
Total Program Budget	\$5,750,059	\$486,147
% of Budget Received From ADAMHS Board	0.07%	0.8%

	eceiving ADAMHS Board Funding, Please F	7
	FY2019	FY2020
Name of Service	SUD Urine Screens	SUD Urine Screens
Total # of Staff Providing Direct Service	1	2
Average % of Direct Service Time	100%	100%
Total # of Consumers Served (Annual)	1547 (200 with ADAMHS funding)	1442 (150 with ADAMHS funding)
Hours of Programming	Mon-Thurs 8AM-9PM Fri 8AM-5PM	Mon-Thurs 8AM-9PM Fri 8AM-5PM
Average Duration of Consumer Involvement in Service	N/A	N/A
% of Recidivism/Reasons for Recidivism	N/A	N/A
% of Consumers who Successfully Complete/Attain Goals	N/A	N/A

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	FY2019	FY2020
Name of Service	BH Liaison & Transitional Detox	BH Liaison & Transitional Detox
Total # of Staff Providing Direct Service	2	3
Average % of Direct Service Time	57%	57%
Total # of Consumers Served (Annual)	678	2417 (large increase due to adding jail and in patient psychiatric admissions)
Hours of Programming	Mon-Thurs 8AM-9PM Fri 8AM-5PM (some on-call hours)	Mon-Thurs 8AM-9PM Fri 8AM-5PM (some on-call hours)
Average Duration of Consumer Involvement in Service	4-6 hours	4-6 hours
% of Recidivism/Reasons for Recidivism	10-20% (varies greatly from one program to another- ORTP, QRT, Criminal Justice)	10-20% (varies greatly from one program to another- ORTP, QRT, Criminal Justice)

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% of Consumers who Successfully Complete/Attain Goals	90-95% (as noted above, this is difficult to measure across different programs)	90-95% (as noted above, this is difficult to measure across different programs)
Outcome Goals for Program	Effective community re-integration and recovery after in-patient discharge	Effective community re-integration and recovery after in-patient discharge or incarceration
Average Duration of Waiting List	No Wait	No Wait
For Emergency Services, Average Response Time	N/A	N/A
Are These Within Contract Specifications for Time Fame?	N/A	N/A
Total Program Budget	\$136,050	\$137,780
% of Budget Received From ADAMHS Board	100%	100%

For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information:		Provide the Following Information:
	FY2019	FY2020
Name of Service	Wellness	Wellness
Total # of Staff Providing Direct Service	1.5	1.5
Average % of Direct Service Time	100%	100%
Total # of Consumers Served (Annual)	237	156
Hours of Programming	Mon-Fri 9AM-5PM	Mon-Fri 9AM-5PM
Average Duration of Consumer Involvement in Service	4 Units	4 Units
% of Recidivism/Reasons for Recidivism	N/A	N/A
% of Consumers who Successfully Complete/Attain Goals	95%	95%

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Outcome Goals for Program	Increase Wellness attendance, services offered	Increase Wellness attendance and services offered
Average Duration of Waiting List	N/A	N/A
For Emergency Services, Average Response Time	N/A	NA
Are These Within Contract Specifications for Time Fame?	N/A	N/A
Total Program Budget	\$104,510	\$104,510
% of Budget Received From ADAMHS Board	100%	100%

For Each Program	Receiving ADAMHS Board Funding, Please	Provide the Following Information:
	FY2019	FY2020
Name of Service	Prevention	Prevention
Total # of Staff Providing Direct Service	One	One
Average % of Direct Service Time	20%	13%
Total # of Consumers Served (Annual)	261	250
Hours of Programming	127.5 The program was without a staff person for several months of the grant year.	136 Programming this year was impacted by the COVID 19 pandemic.
Average Duration of Consumer Involvement in Service	ADAMHS dollars fund Prevention services that involve one visit to the clinic for pregnancy counseling, 2-4 for the prenatal clinic, and one visit for assistance with health insurance, either Medicaid or the Marketplace	ADAMHS dollars fund Prevention services that involve one visit to the clinic for pregnancy counseling, 2-4 for the prenatal clinic, and one visit for assistance with health insurance, either Medicaid or the Marketplace
% of Recidivism/Reasons for Recidivism	Not applicable	Not applicable

% of Consumers who	A chart audit was completed in January and	A chart audit was completed in March 2021.		
Successfully Complete/Attain	February 2020.	Among those with positive pregnancy test results,		
Goals	Among those with positive pregnancy test	87% had identified a preferred plan by the end of		
	results, 88% had identified a preferred plan by	their visit.		
	the end of their visit.	Among those with negative pregnancy test		
	Among those with negative pregnancy test	results, 33% of those not desiring pregnancy were		
	results, 80% of those not desiring pregnancy	provided with information on contraception, and		
	were provided with information on	67% were known to have initiated contraception,		
	contraception, and 60% were known to have	or were already using a method.		
	initiated contraception, or were already using	Among those desiring to continue their		
	a method.	pregnancy, referrals for care were provided to		
	Among those desiring to continue their	100%, and appointments offered if appropriate		
	pregnancy, referrals for care were provided to	for the agency's prenatal clinic. 20% of those		
	100%, and appointments offered if	with a positive pregnancy test result initiated care		
	appropriate for the agency's prenatal clinic.	with the FPA's prenatal clinic; 67% of those in		
	18% of those with a positive pregnancy test	the first trimester.		
	result initiated care with the FPA's prenatal	Among the 18 prenatal charts reviewed, 100% of		
	clinic; 67% of those in the first trimester.	clients had a psychosocial assessment and		
	Among the charts reviewed, 100% of clients	depression screening. Several referrals for mental		
	had a psychosocial assessment and depression	health counseling were made. Resources were		
	screening, with no referrals necessary,	offered to two others, who declined, and the		
	although one patient was already connected	counselor followed up at future visits.		
	with a counselor, or a referral may have been	17 clients received information and/or assistance		
	made.	with application for Medicaid or other insurance.		
	16 clients received information and/or			
	assistance with application for Medicaid or			
	other insurance.			
Outcome Goals for Program	80% of clients with a positive pregnancy test	80% of clients with a positive pregnancy test		
-	result will identify a preferred plan for	result will identify a preferred plan for resolution		
	resolution by final visit.	by final visit.		

	50% of clients with a negative pregnancy test result and a desire to avoid pregnancy will initiate contraception. 95% of prenatal clinic patients will have a psychosocial assessment and depression screening, with referral for appropriate services and follow-up. A minimum of 100 clients will meet with the Social Worker to either receive information regarding Medicaid or other insurance eligibility, or receive assistance with the application process.	50% of clients with a negative pregnancy test result and a desire to avoid pregnancy will initiate contraception. 95% of prenatal clinic patients will have a psychosocial assessment and depression screening, with referral for appropriate services and follow-up. A minimum of 100 clients will meet with the Social Worker to either receive information regarding Medicaid or other insurance eligibility, or receive assistance with the application process.
Average Duration of Waiting List	There is no waiting list for the program. When a client calls for an appointment, s/he is offered the next available appointment, which is typically within one week, if not the same day.	There is no waiting list for the program. When a client calls for an appointment, s/he is offered the next available appointment, which is typically within one week, if not the same day.
For Emergency Services, Average Response Time	Not applicable	Not applicable
Are These Within Contract Specifications for Time Fame?	, Not applicable	Not applicable
Total Program Budget	\$37,290	\$37,290
% of Budget Received From ADAMHS Board	100%	100%
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For Each Program Receiving ADAMHS Board Funding, Please Provide the Following Information:						
	FY2019	FY2020				
Name of Service	Life Skills Development	Life Skills Development				
Total # of Staff Providing Direct Service	Three (two full-time and one part-time)	Three (two full-time and one part-time)				
Average % of Direct Service Time	For ADAMHS funded services – 30.4% For all funded services – 18.4% (In addition to preparation, evaluation, and travel time for all funding sources, the total percentage is impacted by the fact that the Rape Prevention program used a team teaching model for much of its programming between July and November.)	Note: The COVID pandemic began in March, and most programming was cancelled through the end of the grant year. This impacted productivity. For ADAMHS funded services – 19.2% (was 27.5% through February 2020) For all funded services – 14.3% (was 19.7% through February 2020)				
Total # of Consumers Served (Annual)	For ADAMHS funded services – 2,146 For all funded services – 5,578	For ADAMHS funded services – 1,350 For all funded services – 4,191				
Hours of Programming	For ADAMHS funded services – 363.5 For all funded services – 837.5	For ADAMHS funded services – 230 For all funded services – 654.25				
Average Duration of Consumer Involvement in Service	Programs typically range from 1 to 3 sessions	Programs typically range from 1 to 3 sessions				

	50% of clients with a negative pregnancy test	50% of clients with a negative pregnancy test
	result and a desire to avoid pregnancy will	result and a desire to avoid pregnancy will initiate
	initiate contraception.	contraception.
	95% of prenatal clinic patients will have a	95% of prenatal clinic patients will have a
	psychosocial assessment and depression	psychosocial assessment and depression
	screening, with referral for appropriate	screening, with referral for appropriate services
	services and follow-up.	and follow-up.
	A minimum of 100 clients will meet with the	A minimum of 100 clients will meet with the
	Social Worker to either receive information	Social Worker to either receive information
	regarding Medicaid or other insurance	regarding Medicaid or other insurance eligibility,
	eligibility, or receive assistance with the application process.	or receive assistance with the application process.
Average Duration of Waiting	There is no waiting list for the program.	There is no waiting list for the program.
List	When a client calls for an appointment, s/he is	When a client calls for an appointment, s/he is
	offered the next available appointment, which	offered the next available appointment, which is
	is typically within one week, if not the same	typically within one week, if not the same day.
	day.	
For Emergency Services,		
Average Response Time	Not applicable	Not applicable
Are These Within Contract		
Specifications for Time Fame?	Not applicable	Not applicable
Total Program Budget	\$37,290	\$37,290
% of Budget Received From ADAMHS Board	100%	100%
WINDOWS CHEMINATURES		

% of Recidivism/Reasons for Recidivism	Not applicable	Not applicable
% of Consumers who Successfully Complete/Attain Goals	100% identified increased comfort discussing the program topic with partners, parents, friends, and/or others. 96% specified intent to initiate or continue a risk reduction/elimination behavior. 100% able to identify community resources related to sexual and reproductive health.	100% identified increased comfort discussing the program topic with partners, parents, friends, and/or others. 97% specified intent to initiate or continue a risk reduction/elimination behavior. 100% able to identify community resources related to sexual and reproductive health.
Outcome Goals for Program	Program participants will express an increase in comfort level discussing program topics with parents, friends, and/or others. Program participants will express intent to initiate or continue behavior to reduce or eliminate behavior that could put them at risk. Program participants will be able to identify community resources related to sexual and reproductive health.	Program participants will express an increase in comfort level discussing program topics with parents, friends, and/or others. Program participants will express intent to initiate or continue behavior to reduce or eliminate behavior that could put them at risk. Program participants will be able to identify community resources related to sexual and reproductive health.
Average Duration of Waiting List	Not applicable	Not applicable
For Emergency Services, Average Response Time	Not applicable	Not applicable
Are These Within Contract Specifications for Time Fame?	Not applicable	Not applicable

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Total Program Budget	\$36,900	\$36,900
% of Budget Received From ADAMHS Board		100%

Identify Service Delivery Problems and Resolutions

Moving Family Planning into our small existing Painesville location was challenging; the remodeling of the new Painesville location at 54 S. State St. is nearing completion and will resolve these challenges. Further, we have not been able to offer MAT programming in Painesville due to lack of space for an on-site pharmacy and this will also be resolved with the new location. The big challenge this past year, of course, was responding to the coronavirus pandemic and maintaining access to care for our patients. We were able to transition to telehealth services very quickly for MH and SUD services, and maintained in-person Primary Care services. To better protect our patients, staff, and community, we were the first FQHC in Ohio to offer walk/drive up COVID-19 testing, which posed some logistical challenges we were able to overcome.

Identify Service Coordination Problems and Resolutions

Having multiple EHRs remains a challenge; the planned implementation of a unified EHR in 2019 did not happen, but selection and acquisition of another unified EHR took place over the ensuing months, and we will go live on 5/11/21. In-person groups and Case Management services had to be suspended for much of 2020 due to the coronavirus pandemic; we have phased in a return to in-person services in these areas in the last few months. Implementation of the Massachusetts Collaborative Care Model for MAT patients, featuring RN Care Managers and MAT-dedicated Case Managers for intensive care coordination, was begun in 2019 and completed in 2020, as well as an MAT QI Review process to keep patients engaged in treatment.

Identify Funding Problems and Resolutions

We faced some challenges early in 2020, due to the coronavirus pandemic and subsequent stay-at-home orders. Some staffing cuts were necessary and we were able to transition quickly to telehealth services, which helped to mitigate those issues. Some assistance also came from federal support related to coronavirus relief. The Lake Co. ADAMHS Board assisted with PPE acquisition and distribution, as well as our COVID-19 testing program, for which we are grateful.

Identify any significant (>20%) increases or decreases in service provision in specific behavioral health programs

>20% increase in consumers served in BH Liaison and Transitional Detox program, due to adding jail and inpatient psychiatric admissions. >20% increase seen in the number of services provided to MH CPST patients- ironically, without driving around to see all their patients in the community due to coronavirus, relying on telehealth instead, the capacity and efficiency of the Case Managers

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increased. Increase also seen in Ambulatory Detox services, unclear the cause, although increased staffing likely played a role. >20% decrease seen in SUD group counseling, due to suspension of groups for most all of the second half of FY20 due to coronavirus. >20% decrease in Wellness patients due to coronavirus and re-allocation of Wellness nurse time to COVID nurse hotline and coronavirus testing.

Identify future changes to be made based on results from your Quality Improvement Program

We continue to work on increased integration of MH, SUD, and Primary Care services- planning to introduce a Patient Navigator role in 2021 to facilitate this. Narcan access and education for MAT patients is ongoing, plan to expand to all SH patients. 100% screening of MAT patients for infectious disease, including HIV and Hepatitis, is ongoing, plan to expand to all adult SH patients. We have been able to secure permission to use the BASIS-24 assessment tool, to measure treatment efficacy, in our new EHR (go live 5/11/21). We are working to facilitate a more robust Just Culture at SH, leading to increased reporting by staff of "good catch" or "near miss" events, leading to process and system improvements in patient safety. We are looking at timeliness of internal referrals to ensure patients are being seen quickly enough for recommended services, as well as transition to a new provider when a provider leaves the agency.

Describe how your agency maintains compliance with SAPT Block Grant requirements

N/A

Describe any special populations your agency serves

Children and adolescents, SUD/MAT patients, developmentally disabled individuals and their families, persons with HIV, homeless individuals, migratory workers

Describe how your agency distributes, collects and utilizes satisfaction surveys

Prior to the coronavirus pandemic, satisfaction surveys were conducted primarily in person, on paper, as were suggestion box submissions. Results were collected on an on-going basis, reviewed quarterly, and shared broadly with staff, leadership, patients, and our Board of Directors. Collection of satisfaction surveys and suggestions had to be suspended due to the coronavirus pandemic, and have only been resumed in Q1 of CY2021 (via text messaging). In order to get input from as many patients as possible, we will also resume use of paper surveys when reasonable to do so, and will also use a patient portal in the new EHR.

Describe how your agency maintains compliance with National Accreditation requirements

We were found to be fully compliant in December 2020, at our second Operational Site Visit by HRSA. We received a full 3-year reaccreditation from CARF in August 2018. The requirements and standards set forth by our accrediting bodies are incorporated into agency planning and decision making.

Describe how your agency measures Consumer Outcomes

PHQ-9 depression screening, BASIS-24 assessment tool for MH and SUD outcomes, SASSI for SUD, Uniform Data System clinical measures, Patient Satisfaction surveys, Consumer Advisory Boards. We also perform a mortality case review for all patient deaths, to determine if any facet of their care at SH could have potentially affected the outcome.

Describe how your agency complies with the business continuity plan requirements (disaster preparedness)

IT storage and retrieval back-ups exist off-site and are accessible. Generators are installed at all locations and are tested regularly. Secondary locations have been identified for continuation of service delivery if necessary. We have a Board-approved disaster recovery plan in place; review/revision of the disaster recovery plan is currently underway by the Risk Management Committee.

Describe where your agency fits into the continuum of care. For example, where do you get referrals from, what agencies do you refer clients to, what specific initiatives/programs are you working on in collaboration with ADAMHS agencies and other community agencies?

We have strong collaborative relationships with Lake Health, Windsor-Laurelwood, Lake County Health District, Cleveland Clinic, University Hospitals, MetroHealth Medical Center, Lake County ADAMHS Board, Lake County Sheriff's Dept. and jail. Our family planning program collaborates on educational programs with Lake Geauga Recovery Centers, Crossroads Health, Lake Co. Jail, Juvenile Court, DJFS, and many local school districts. We participate on the Suicide Coalition and collaborate/host Narcan trainings with Project Dawn. Grantee of Cleveland TGA for provision of care to HIV patients in Lake County. Work with OHMAS and OACHC on efforts to improve community health. Host Psychiatric Residents from University Hospitals; host Social Work, Public Health, Medical, and Nursing students from Cleveland State University, Case Western Reserve University, Ohio University, and Hiram College.

Domain: Timely Access to Care 💍



Measure: Third next available appointment (3NA)

Goal: Average number of days to the third next available appointment shall not exceed 14 days.

Data Source: Evolv Measurement Period: CY20

CY20Q4 - Days to New 3NA by Program						
Program	Adhiabila	Beachwood	Belicawson	100	Painesville	Willoughby
CD Assess	<1	<1	<1	<1	<1	1
CD Counseling	1	1	<1	<1	<1	<1
CD CSP	<1	<1	<1	<1	<1	<1
CD IOP	1	*	<1	<1		<1
CD Med/Som	4	*	r.	3	-	3
MH Assess	<1	1	<1	<1	<1	<1
MH Counseling	<1	<1	<1	<1	<1	<1
MH CSP	<1	<1	<1	<1	<1	<1
MH Med/Som	2	8	18	3	17	1
MH PHP	1			2		2
Primary Care	4	6	~	10	1	2

0000000	CY21	1874 B-177 F	Routine 3N		P1	0.0000000000000000000000000000000000000
Program	Ashrabula	Beachwood	Lakewood	Maple	Painesville	Willoughky
CD Counseling	6	4	5	5	7	6
CD CSP	4	1	4	3	6	4
CD IOP	6	-	4	6	-	4
CD Med/Som	9	*		9	-	13
MH Counseling	6	4	6	6	7	6
MH CSP	4	3	4	4	5	5
MH Med/Som	9	23	28	15	14	11
МН РНР	4		*	7		2
Primary Care	2	4	*	2	1	2

Contributing Factors:

- Transition to telehealth improved patient access.
- Attracting psychiatric providers remains challenging.

Action Plan:

- Offering a blend of in-person and telehealth visits post-pandemic should optimize access.
- A new psychiatric provider was hired in CY21Q1, efforts to hire more will continue.

Domain: Patient Centered 🔷



Measure: Patient Satisfaction

Goal: Achieve 90% or greater satisfaction

Data Source: Survey Instrument

Measurement Period: FY20Q3

		723 (8)3	- 145 Stires	/s Callea	C. C.		
600	Counseling	IOP	Aftercare	Group	Mied/Som	Gast Vent	Overall
Time from call to first appt.?	96%	95%	100%	100%	97%	100%	98%
Services met needs?	100%	95%	100%	100%	97%	100%	98%
Staff treated respectfully?	100%	95%	100%	100%	97%	100%	98%
Overall satisfaction?	100%	95%	100%	100%	97%	100%	98%
Recommend us?	93%	90%	100%	100%	97%	100%	93%
		an aya	Se istier or	0.00	Siles = 379		

COMMENTS

- The waiting list for Counseling was 3 months. Counselor was great when we finally met.
- Very helpful!
- Excellent services!
- Kristen always helps me out. I also want to thank the staff for helping me when I fell outside- Thank You!!
- Intake process/all employees were surprisingly quick, amazing, and professional.
- We drive 45 minutes to get here.
- I really like my counselor Eric. I feel comfortable talking to him.
- I like seeing the same receptionist when I come in.
- Very nice people work here! Keep up the hard work!
- Good IOP and Aftercare.

AREAS FOR IMPROVEMENT/SUGGESTIONS

Don't like the video in the lobby - not appropriate for all ages.

FROM PAPER

Jenna Crocket is amazing! Great listener!

I refer everyone to you!

Front desk staff are kind and wonderful.

SH has given me many tools for recovery and just for life too. I'm very happy with the services here!

MAT staff are superb and efficient.

Great front desk staff!

Domain: Effectiveness



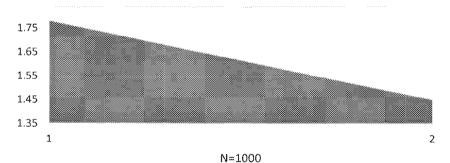
Measure: Behavioral Health Treatment Outcomes

Goal: >0.30 Mean Change, Overall Score, First to Second Administration **Data Source**: BASIS-24 (Behavior and Symptom Identification Scale)

Measurement Period: 3/26/2018 - 3/10/2020

Patients B24 New Pts. 1 st	New to Treatmen (n=1000) B24 New Pts.	Change
1.78	1.45	-0.33
Comparis	on Group Change	-0.30

Overall Mean Scores, First to Second Administration, Patients New to Treatment

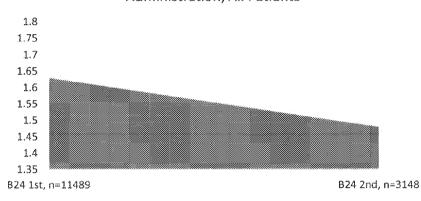


Subscales, Mean Scores 1st to 2nd, Patients New to Treatment SH Change Mc Lean Comparisor Group Chang

		gratia Come
Depression	-0.45	-0.40
Interpersonal Relationship	-0.16	-0.18
Self-Harm	-0.19	-0.15
Emotional Lability	-0.31	-0.29
Psychosis	-0.21	-0.13
Substance Use	-0.35	-0.27

Total BASIS-24 Administered: 1		vie an
BASIS-24 1st	11,489	1.63
BASIS-24 2nd	3,148	1.48
Change from 1st to 2nd Administration	-0.	15

BASIS-24 Overall Mean Scores, First to Second Administration, All Patients



Subsc	16 View 57	res 151 lo 26 Mean 2nd		Fransi
10.00	000000	Score	000.00000.000	
Depression	1.98	1.78	-0.20	Weekler week.
Interpersonal Relationship	1.62	1.54	-0.08	
Self-Harm	0.47	0.39	-0.08	
Emotional Lability	2.02	1.85	-0.17	
Psychosis	0.83	0.76	-0.07	La Contraction of
Substance Use	0.72	0.58	-0.14	

Contributing Factors:

- Implementation of BASIS-24 at all locations was completed in January 2020.
- BASIS-24 administration was suspended 3/9/20, due to COVID-19 outbreak.

Action Plan:

- Exploring ability to use BASIS-24 via telehealth; will resume in-office administration when able.
- Psychiatry/Mental Health QI Committee will focus on provider education/support for BASIS-24 after COVID-19 crisis has eased.